

INADEQUATE FOLIC ACID INTAKE

(427D)

PARTICIPANT TYPE.....BREASTFEEDING, DELIVERED WOMEN
HIGH RISK.....NO

RISK DESCRIPTION:

Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women.

ASK ABOUT:

- Attitude and knowledge about dietary supplements
- Barriers to obtaining a supplement (e.g., health beliefs, religious or cultural practices, finances, access to health care)
- How often she takes the supplement (i.e., does she forget or does she lack motivation)
- Dose taken
- Primary care provider's recommendation about folic acid supplementation
- Pregnancy history (i.e., previously gave birth to an infant with a neural tube defect)

NUTRITION COUNSELING/EDUCATION TOPICS:

- Studies have confirmed that adequate intakes of this B vitamin can reduce the risk of first occurrences of neural tube defects by 50% and reduce the risk of recurrent neural tube defects by 70%. Neural tube defects include spina bifida and anencephaly.
- Malformations of the neural tube occur early in gestation (by the 20th day after conception) before pregnancy is often confirmed. Therefore, the U.S. Public Health Service recommends that all women capable of becoming pregnant consume a multivitamin containing 400 mcg of folic acid daily OR consume fortified foods daily to meet this level.
- Some fortified breakfast cereals provide 400 mcg of folic acid per serving. Eating one of these cereals every day is another effective strategy for consuming an adequate amount of folic acid. Discuss how to read the Nutrition Facts Label on cereals to determine folic acid content (100% Daily Value = 400 mcg).
- Identify which of the WIC-approved cereals provide 100% Daily Value of folic acid.
- Encourage intake of folate-rich foods such as dark green leafy vegetables, legumes, orange juice, oranges, strawberries, pineapple juice, kiwi fruit, okra, sweet corn, beets and broccoli.
- Folic acid is the synthetic form of the vitamin and is almost twice as well absorbed than the form that naturally occurs in food (folate).

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NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Women who have previously delivered an infant with a neural tube defect may need to consume more than the recommended amount and should seek advice from their primary care provider.

POSSIBLE REFERRALS:

- If she has a history of a neural tube defect-affected birth and is not currently taking a higher dose, refer to primary care provider for supplement recommendation.
- If she is not receiving routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community or the local public health department.